

# Order form [www.cookiebreakthrough.com](http://www.cookiebreakthrough.com) 267-355-3925

Sales Person: \_\_\_\_\_

Company email: [info@cookiebreakthrough.com](mailto:info@cookiebreakthrough.com)

Sales persons name \_\_\_\_\_

## Customer Billing address:

Customer Name \_\_\_\_\_

Street address or P.O Box \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Country code \_\_\_\_\_

Home Land Line \_\_\_\_\_

Second Land Line \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

Credit Card # \_\_\_\_\_ **Discover, Visa or Mastercard only**

Name on Card \_\_\_\_\_

Expiration date \_\_\_\_\_ 3 or 4 digit Security Code \_\_\_\_\_

Bank Phone Number \_\_\_\_\_

Total Amount \_\_\_\_\_ type of currency \_\_\_\_\_

PROMO CODE or sales code if available \_\_\_\_\_

## Shipping address if different from the billing address:

Receiver's name if different from the customer ordering above \_\_\_\_\_

Street address or P.O Box \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Phone # of receiver \_\_\_\_\_ Email of receiver \_\_\_\_\_

## ORDER(S) (name of product, package size and quantity)

1) \_\_\_\_\_

2) \_\_\_\_\_

Do you want someone to sign for the product when delivered? Yes \_\_\_ No \_\_\_

Is this a gift, do you want a gift card enclosed, Yes \_\_\_ No \_\_\_

If so what do you want us to write on the gift card from you?

How did you hear about us? \_\_\_\_\_

Friend  Physician  Internet  Seminar

Mail order form, or send as pdf attached to an email and if checks are sent make payable to  
Cookie Breakthrough to P.O.Box 2315633, Encinitas, CA 92023. Questions?

Keep a log of what they eat each day!!!